



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2929

Date 10.28.22

Contract ☐ Warranty ☐ P&L ☐

2926

F 22

P&L

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|---|--|--|--|---|--|
| CUSTOMER: <u>Nick Voukoudis</u> | | PHONE: | | NUMBER: | |
| ADDRESS: <u>31-11 41st Street</u> | | BUILDING: | | FLOOR/CONTACT: | |
| CITY: <u>Astoria</u> | | STATE: <u>NY</u> ZIP CODE: <u>11103</u> | | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATICS <input type="checkbox"/> AMODUCAL <input type="checkbox"/> BARNERCO/ESLANT <input type="checkbox"/> BENTON/AMCA | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> KOWAR CONTROLS <input type="checkbox"/> SIRE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOLSON & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PD SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TROUBLESHOOTING <input type="checkbox"/> MAINTENANCE | |
| JOB QUALIFICATION REQUIRED: <input type="checkbox"/> OPERATIONS <input type="checkbox"/> P&L | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

CONDITIONS FOUND

Service and fixing leak.

SERVICES PERFORMED

- ① check leak and fixing check all lines
- ② Testing no more leak
- ③ change filter 3 lbs
- ④ Service unit filter clock need get service
- ⑤ Testing heating cooling working no problem

RECOMMENDATIONS

You need get service.

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOTAL (\$) |
|-------|------------|------------|----------|-----------|----------|------------|----------|------|------------|
| 10/28 | Antonio G. | 8:00 | 5:00 | | | | | | |
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SIGNATURE: [Signature] DATE: 10-22 CUSTOMER SIGNATURE: _____ DATE: _____
 Print Name: Antonio G. Print Name: Nick

OFFICE USE ONLY
INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job Fee Copy

2458



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 7-22-22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|---|---|--|---|---|
| CUSTOMER: <u>Alma</u> | | PHONE: | | NUMBER: | |
| ADDRESS: <u>30-30 Northern Blvd</u> | | BUILDING: | | APARTMENT: | |
| CITY: <u>Long Island City</u> | | STATE: <u>NY</u> ZIP: <u>11101</u> | | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT: <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHARTMAN <input type="checkbox"/> HEAT TRADER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFFA <input type="checkbox"/> MOHAR CONTROLS <input type="checkbox"/> SEEC <input type="checkbox"/> TELETRAC SYSTEMS | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITYFIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

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|---|
| CONDITIONS FOUND: |
| <u>Service 5 Floor MJT and 3 Floor Factory and Hallway unit.</u> |
| SERVICES PERFORMED: |
| <u>① Service MJT not Cooling check unit Troubleshooting was see high pressure clean strainer Adjusted Amp. Compressor Test unit work.</u> <u>② Service 3 Factory unit Mechanical cooling not work Troubleshooting clean strainer still that unit need work.</u> <u>③ 3 Floor Hallway unit high Pressure That unit electric problems need Replaced Relay and 2 stage High Pressure switch Switch not work so replaced. You need Replaced all This parts mentioned.</u> |

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOLLS & IS |
|------|------------|------------|----------|-----------|----------|------------|----------|------|------------|
| 7-22 | Antonio G. | 12:00 | 6:00 | | | 2 | | | |
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SIGNATURE

DATE 7-22

CUSTOMER SIGNATURE

Soul.

DATE

Print Name

Antonio G.

Print Name

OFFICE USE ONLY

INVOICE NUMBER:

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy

2543



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 07-21-22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: Trumbull | | PHONE: | | NUMBER: | |
| ADDRESS: 31-10 37 Ave. | | BUILDING: | | SUITE / CONTACT: | |
| CITY: Long Island City | | STATE: NY ZIP CODE: 11106 | | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATICS <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLMAN <input type="checkbox"/> HEAT-PAIR | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> MOORE CONTROLS <input type="checkbox"/> SAGE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC-SYSTEMS <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

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| CONDITIONS FOUND |
| Service. |
| SERVICES PERFORMED |
| ① check RTU Trane same noise unit sw. |
| ② check was belts need replaced. need need pulley |
| ③ was replaced Test noit more noise |
| ④ This unit next time need change pulley. |
| RECOMMENDATIONS |
| You need change next Time Pulley |

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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| <input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OFF HOURS | TRAVELING | EXPENSES | PARK | TOLLS/FEES |
|------|------------|------------|----------|-----------|-----------|-----------|----------|------|------------|
| 7/21 | Antonio C | 4:00 | 5:30 | | | | | | |
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SIGNATURE: *[Signature]* DATE: 7-21 CUSTOMER SIGNATURE: *[Signature]* DATE: *[Signature]*
 Print Name: Antonio C. Print Name: *[Signature]*

OFFICE USE ONLY

BILLED TO JOB NUMBER: INVOICE NUMBER:

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8965 • Fax: 347-235-4741

2534

Date: 07.12.22

Contract ☐ Warranty ☐ P & L ☐

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|--|--|--|---|
| CUSTOMER <u>Burg burger.</u> | | PHONE | |
| ADDRESS <u>33-21 31 St. Ave</u> | | BUILDING | |
| CITY <u>Astoria</u> | | EQUIPMENT | |
| SYSTEM <u>N2</u> OF CODE <u>11106</u> | | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT: <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLMAN <input type="checkbox"/> HEAT THER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANCHE & STAFSA <input type="checkbox"/> HOKAN CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM |
| <input type="checkbox"/> MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | <input type="checkbox"/> SYSTEM PHONE <input type="checkbox"/> MODEL & SERIAL NUMBER | |
| REMARKS | | | |

ACTION REPORT

CONDITIONS FOUND

Service.

SERVICES PERFORMED

① check walk in box not cooling check.
problem was high pressure and need Thermostat

② washing Evaporator and Condenser dirty check
freon ok let unit work.

③ check freezer get Service washing Evaporator and
Condenser and Replaced Capacitor check freon ok.

④ check Low Refrigerator washing Condenser check
freon is ok.

RECOMMENDATIONS

walk in box need Thermostat.

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TOTAL FEE | EXPENSES | PAID | REMARKS |
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| 7-22 | Antonio G. | 12:00 | 6:00 | 2 | | | | | |
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SIGNATURE [Signature] DATE 7-22 CUSTOMER SIGNATURE [Signature] DATE

Print Name Antonio G. Print Name

ILLED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2493

Date: 07.07.22

Contract ☐ Warranty ☐ P & L ☐

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|---|--|--|--|---|--|
| CUSTOMER | | PHONE | | BANDER | |
| ADDRESS | | BUILDING | | SUPER/CONTACT | |
| CITY | | STATE | | ZIP CODE | |
| 212-03 Union Tpke Oakland Gardens | | NY | | 11364 | |
| REQUESTED BY | | SECURITY/FIRE | | MECHANICAL EQUIPMENT | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> AMOVER <input type="checkbox"/> BARNHART/COLEMAN <input type="checkbox"/> HEAT THER | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LINDSEY & STASPA <input type="checkbox"/> NIDRA CONTROLS <input type="checkbox"/> SEER <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | |
| INSTRUCTIONS | | | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALVE/CLIP | |

ACTION REPORT

CONDITIONS FOUND

Service walk in Box

SERVICES PERFORMED

- ① check and Service walk in cooler not working
 ② Low freon have leak check where is leak
 ③ change service valve low side and high side
 have leak was replaced. change freon and
 test not leak the unit working good.
 ④ check other unit low freon change this
 unit need change high side service valve and
 this unit need fixing suction line

RECOMMENDATIONS

You need Replaced This parts and change
 D Suction line

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|----------------------------------|------|--------------|------------------|
| 1 | | | Valve High side. |
| 1 | | | Valve Low side. |
| CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | RES HOURS | OT HOURS | TRUCK HRS | EXPENSES | PAID | RECEIVED |
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| 7/7 | Antonio G | 8:50 | 6:15 | | | | | | |

SIGNATURE

DATE 07.22

CUSTOMER SIGNATURE

Print Name

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2533

Date: 07.06.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|--|--|---|--|
| CUSTOMER: <u>Alma</u> | | FUSE | | WARRANTY | |
| ADDRESS: <u>30-30 Northern Blvd</u> | | BUILDING | | SUPER/CONTACT | |
| CITY: <u>Long Island City</u> | | STATE: <u>NY</u> ZIP CODE: <u>11101</u> | | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AMCI <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT THERM | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SESE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> YOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MOORE & BURNAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

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| CONDITIONS FOUND |
| <u>Service</u> |
| SERVICES PERFORMED |
| ① 3 Floor Mammoth unit w/it manual coding. |
| ② check some alarm. Reset check Pressure. High |
| ③ cleaning Strainers was clogged. |
| ④ Reset is ok rose alarm. That unit working. |
| RECOMMENDATIONS |
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☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | FEAR | TOTAL \$ |
|------|------------|------------|----------|-----------|----------|------------|----------|------|----------|
| 07.6 | Antonio G. | 1:30 | 5:45 | | | | | | |
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SIGNATURE

DATE 07.22 CUSTOMER SIGNATURE

Saoul

DATE 7-22

Print Name

Antonio G.

Print Name

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8965 • Fax: 347-235-4741

Date: 06.16.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: <u>RHC</u> | | PHONE: _____ | | MANAGER: _____ | |
| ADDRESS: <u>33 Round Hill Club Road</u> | | CITY: <u>Greenwich</u> | | STATE: <u>CT</u> ZIP CODE: <u>06831</u> | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHARTMAN <input type="checkbox"/> HEAT TREAT | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & STAFF <input type="checkbox"/> LORAIN CONTROLS <input type="checkbox"/> MERE <input type="checkbox"/> THERMO SYSTEMS | | REQUESTED BY: <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| <input type="checkbox"/> JUNE DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> P&L | | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| INSTRUCTIONS: _____ | | SYSTEM PHONE: _____ | | MODEL & SERIAL NUMBER: _____ | |

ACTION REPORT

CONDITIONS FOUND

Service - Carrier unit.

SERVICES PROVIDED

- ① Service check Annex not cooling electric problem. Troubleshooting change Contactor change Disconnect box. The check pressure is ok test unit working not problem.
- ② Green Building Service Mitsubishi unit washing evaporator coils Filters clearing drain line Test is working not problem.
- ③ Ladies lounge not cooling checks problem Troubleshooting electric problem Fixing unit working not problem. check pressure is good.

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG. HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOTAL HRS |
|------|------------|------------|----------|------------|----------|------------|----------|------|-----------|
| 6/17 | Antonio G. | 12:30 | 6:00 | | | 2 | | | |
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SIGNATURE: [Signature] DATE: 6/17 CUSTOMER SIGNATURE: [Signature] DATE: 6-16-22
Print Name: Antonio G. Print Name: _____

OFFICE USE ONLY

INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy

WHITESTONE149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8885 • Fax: 347-235-4741

Date: 06-02-2022

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|---|--|---|--|
| CUSTOMER: <i>Marsha Geller</i> | | FIRM: | | WARRANTY: | |
| ADDRESS: <i>162-21 Powells ave Bldg</i> | | BUILDING: | | SUPER/CONTACT: | |
| CITY: <i>Whitestone</i> | STATE: | ZIP CODE: | REQUESTED BY: | | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AIR <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> AMCOVER <input type="checkbox"/> SUNDERS/OLSON <input type="checkbox"/> FIRST TRIER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & STANPA <input type="checkbox"/> HUMAN CONTROLS <input type="checkbox"/> ESSE <input type="checkbox"/> TELEPHOL SYSTEMS | <input type="checkbox"/> TOLIN & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITYTYPE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALUATION |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> P&ID | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| REMARKS: | | | | | |

ACTION REPORT

CONDITIONS FOUND

Service

SERVICES PERFORMED

- ① check Service 3 indoor unit 1 condenser
- ② washing 2 units use chemical.
- ③ Test unit working no problem.

RECOMMENDATIONS

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION
PARTS BILLING INFORMATION

DESCRIPTION:

QTY: MFG: PART NUMBER:

☐ CONTINUATION ON ADDITIONAL PAGES**LABOR BILLING INFORMATION**

| DATE | TECHNICIAN | START TIME | END TIME | REST HOURS | OT HOURS | TRAVEL HRS | EXPENSES | ADJ | TOTAL HRS |
|------|------------|------------|----------|------------|----------|------------|----------|-----|-----------|
| 6-8 | Antonio G. | 2:30 | 5:00 | | | 2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE

DATE 6-22

CUSTOMER SIGNATURE

Marsha Geller DATE 6/8
MARSHA GELLERT

Print Name

Print Name

OFFICE USE ONLY
INVOICE NUMBER:*Day full \$545.00*

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy

2564



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-8965 • Fax: 347-235-4741

Date 05/17/22

Contract ☐ Warranty ☐ P&L ☐

| | | | | | |
|---|--|--|--|---|--|
| CUSTOMER <u>Tumbull</u> | | FLOOR | | ROOM | |
| ADDRESS <u>28-10 37 Ave.</u> | | SUBJECT | | SPECIFICATION | |
| CITY | | NAME OF WORK | | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AIRC <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARRACLOUGH <input type="checkbox"/> HEAT PUMP | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JONSON <input type="checkbox"/> LAMAR & STAFFA <input type="checkbox"/> MODERN CONTROLS <input type="checkbox"/> SIRE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> SEARS & ROEBUCK <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> NO SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FINE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALUATION | |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| REMARKS | | | | | |

ACTION REPORT

CONDITIONS FOUND

Service.

WORKS PERFORMED

- ① Service Special Security office not cooling.
- ② check Air handle check Thermostats reset
- ③ Electric problem Condensator unit #3 change contactor
- ④ change belts change Filters Test unit working not problem
- ⑤ Unit #7 Troubleshooting Fixing outside unit
- ⑥ Pulse contact wires unit working
- ⑦ unit #2 check Thermostat check pressure is ok

RECOMMENDATIONS

All unit working not problem.

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | DATE | ROLL # |
|------|------------|------------|----------|-----------|----------|------------|----------|------|--------|
| 5/17 | Antonio G. | 10:15 | 4:45 | | | | | | |
| | | | | | | | | | |
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SIGNATURE [Signature] DATE 5/22 CUSTOMER SIGNATURE [Signature] DATE

Print Name

Print Name

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

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2522



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-669-6965 • Fax: 347-235-4741

Date: 05.13.22Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|---|--|--|---|--|
| CUSTOMER: <u>Bave burger</u> | | PHONE: | | MANAGER: | |
| ADDRESS: <u>795 Columbia Ave</u> | | BUILDING: | | SHEET/CONTRACT: | |
| CITY: <u>N.Y.</u> | | STATE: <u>NY</u> ZIP CODE: <u>10025</u> | | REQUESTED BY: | |
| CONTROL EQUIPMENT <input type="checkbox"/> ADD <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> AUDOMER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEST-TURN | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSEN & STAFFA <input type="checkbox"/> MOORE CONTROLS <input type="checkbox"/> SURE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TOLIN & ANDERSON <input type="checkbox"/> ELECTRIC ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> SOLER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES INSTRUCTIONS: | | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: |

ACTION REPORT

| |
|--|
| CONDITIONS FOUND |
| <u>Service</u> |
| SERVICES PERFORMED |
| <u>① Remove Extension Cord old Grill and</u> |
| <u>② Install new grills Test working no't</u> |
| <u>Problem</u> |
| <u>③ check Fryer breaker dripping You need</u> |
| <u>change Breaker.</u> |
| RECOMMENDATIONS |

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVELING | EXPENSES | PAID | TOTAL DOLLARS |
|------|------------|------------|----------|-----------|----------|-----------|----------|------|---------------|
| 5/13 | Antonio G. | 7:30 | 9:45 | | | 2 | | | |
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SIGNATURE Antonio G.DATE 5.22

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

BILLED TO JOB NUMBER

OFFICE USE ONLY

INVOICE NUMBER

White: Office Copy Yellow: Job File Copy

Case 1:23-cv-02802-ENV-PK Document 39-1 Filed 05/07/25 Page 11 of 47 PageID
#: 211



149-44 15th Drive
Whitestone, NY 11357

Tel: 718-869-6965 • Fax: 347-235-4741

2498

Date: 05.10.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|--|--|---|--|
| CUSTOMER Burg Burger | | PHONE | | MANAGER | |
| ADDRESS 515 Washington St | | BUILDING | | SUPERVISOR/CONTACT | |
| CITY Hoboken | | STATE ZIP CODE NJ 07030 | | REQUESTED BY | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN FREIGHTMASTER <input type="checkbox"/> ANDOVER <input type="checkbox"/> DAVID BROSSELY <input type="checkbox"/> HEAT STAGE | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSEN & STASFA <input type="checkbox"/> MERVIN CONTROLS <input type="checkbox"/> OVER <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> POLAROID <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> PLANS | | SECURITY: <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | |
| INSTRUCTIONS: | | SYSTEM PHONE | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TUNING <input type="checkbox"/> VALIDATION | |
| BOOK & SERIAL NUMBER | | | | | |

ACTION REPORT

CONDITIONS FOUND

Scrupre

NOTICES PERIODIQUES

- ① Freezer not cooling check problem.
- ② Low Ricon and leak check leak was
- ③ Service valve condenser and evaporator replaced.
stem valve change Freon.
- ④ Fixing leak test unit working not problem
- ⑤ check cooler adjusted Thermostat
- ⑥ in 2 unit working not problem

PERSONALITY

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| PARTS BILLING INFORMATION | | | |
|---------------------------|------|--------------|--------------|
| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
| 2 | | | stem valve |
| | | | |
| | | | |
| | | | |

□ CONTINUATION ON ADDITIONAL PAGE(S)

LABOR BILLING INFORMATION

[illegible]

SIGNATURE

DATE 5 22

**CUSTOMER
SIGNATURE**

DATE _____

Print Name _____

Print Name _____

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 05-09-22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|--|--|
| CUSTOMER | | PHONE | | MANAGER | |
| ADDRESS 28-18 31 street | | BUILDING | | SUPER/CONTACT | |
| CITY Astoria | | STATE NY ZIP CODE 11102 | | REQUESTED BY | |
| CONTROL EQUIPMENT <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATON <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT TRAKS | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMOR & STADFA <input type="checkbox"/> NOKIA CONTROLS <input type="checkbox"/> NIBE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC ELECTRONICS <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMABLE LOGIC CONTROLLER | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

ACTION REPORT

| |
|---|
| CONDITIONS FOUND |
| Service. |
| SERVICES PERFORMED |
| ① call RTU not working electric problem. ② all units Troubleshooting That problem was Fire Alarm. Reset working ③ change Filters That Doctor office unit #1 frozen check Propagator and Condensers washing dirty use chemical check Propagator is OK. not problem ④ Test all unit working not problem ⑤ Service 2 small unit change Filters. |
| RECOMMENDATIONS |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL TIME | EXPENSES | PAID | TOTAL \$ |
|------|------------|------------|----------|-----------|----------|-------------|----------|------|----------|
| 5-9 | Antonio G | 11:40 | 5:00 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 5-9-22 CUSTOMER SIGNATURE [Signature] DATE
 Print Name Antonio G Print Name

BILLED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

White: Office Copy Yellow: Job File Copy

White: Office Copy Yellow: Job File Copy

2484

WHITESTONE

140-44 15th Street
Whitestone, NY 11357
Tel: 718-569-6965 • Fax: 347-235-4781

Date 02.28.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|---|---|---|---|---|
| Customer: <i>Bed Bugs</i> | | Address: <i>505 La Guardia Pl</i> | | City: <i>N.Y.</i> | |
| Job No: <i>13115612</i> | | Job Description: <i>AC & HEATING</i> | | Job Status: <i>COMPLETED</i> | |
| <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> ADD <input type="checkbox"/> AIR FILTERS <input type="checkbox"/> AIR FLOW <input type="checkbox"/> AIR PRESSURE <input type="checkbox"/> AIR QUALITY <input type="checkbox"/> AIR VOLUME <input type="checkbox"/> AIR WEIGHT <input type="checkbox"/> AIR TEMPERATURE <input type="checkbox"/> AIR HUMIDITY <input type="checkbox"/> AIR DENSITY <input type="checkbox"/> AIR VISCOSITY <input type="checkbox"/> AIR REFRACTIVE INDEX <input type="checkbox"/> AIR SOUND SPEED <input type="checkbox"/> AIR THERMAL CONDUCTIVITY <input type="checkbox"/> AIR THERMAL EXPANSIVITY <input type="checkbox"/> AIR THERMAL DIFFUSIVITY <input type="checkbox"/> AIR THERMAL CAPACITY <input type="checkbox"/> AIR THERMAL CONDUCTIVITY <input type="checkbox"/> AIR THERMAL EXPANSIVITY <input type="checkbox"/> AIR THERMAL DIFFUSIVITY <input type="checkbox"/> AIR THERMAL CAPACITY | <input type="checkbox"/> HEATING <input type="checkbox"/> ADD <input type="checkbox"/> HEAT EXCHANGER <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> HEAT LOSS <input type="checkbox"/> HEAT GAIN <input type="checkbox"/> HEAT BALANCE <input type="checkbox"/> HEAT EFFICIENCY <input type="checkbox"/> HEAT COEFFICIENT <input type="checkbox"/> HEAT CONDUCTIVITY <input type="checkbox"/> HEAT EXPANSIVITY <input type="checkbox"/> HEAT DIFFUSIVITY <input type="checkbox"/> HEAT CAPACITY <input type="checkbox"/> HEAT CONDUCTIVITY <input type="checkbox"/> HEAT EXPANSIVITY <input type="checkbox"/> HEAT DIFFUSIVITY <input type="checkbox"/> HEAT CAPACITY | <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> ADD <input type="checkbox"/> ELECTRICAL SYSTEM <input type="checkbox"/> ELECTRICAL WIRING <input type="checkbox"/> ELECTRICAL TESTING <input type="checkbox"/> ELECTRICAL SAFETY <input type="checkbox"/> ELECTRICAL MAINTENANCE <input type="checkbox"/> ELECTRICAL REPAIR <input type="checkbox"/> ELECTRICAL INSTALLATION <input type="checkbox"/> ELECTRICAL DEMOLITION <input type="checkbox"/> ELECTRICAL DISPOSAL <input type="checkbox"/> ELECTRICAL STORAGE <input type="checkbox"/> ELECTRICAL TRANSPORT <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL COLLECTION <input type="checkbox"/> ELECTRICAL TREATMENT <input type="checkbox"/> ELECTRICAL REUSE <input type="checkbox"/> ELECTRICAL RECYCLING <input type="checkbox"/> ELECTRICAL REPAIR <input type="checkbox"/> ELECTRICAL INSTALLATION <input type="checkbox"/> ELECTRICAL DEMOLITION <input type="checkbox"/> ELECTRICAL DISPOSAL <input type="checkbox"/> ELECTRICAL STORAGE <input type="checkbox"/> ELECTRICAL TRANSPORT <input type="checkbox"/> ELECTRICAL DISTRIBUTION <input type="checkbox"/> ELECTRICAL COLLECTION <input type="checkbox"/> ELECTRICAL TREATMENT <input type="checkbox"/> ELECTRICAL REUSE <input type="checkbox"/> ELECTRICAL RECYCLING | <input type="checkbox"/> PLUMBING <input type="checkbox"/> ADD <input type="checkbox"/> PLUMBING SYSTEM 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ACTION REPORT

Service

(1) check freeze not cooling

(2) Adjust freeze and check levels Adjusted Service

(3) change circulator pump leak Motor and Gaskets

(4) Test working

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY | INFO | PART NUMBER | DESCRIPTION |
|-----|------|-------------|-----------------|
| | | | Circulator pump |
| | | | |
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☐ CONTINUATION OF ADDITIONAL PARTS

LABOR BILLING INFORMATION

| DATE | TIME | START | STOP | PERIOD | BY | TIME | DATE | TIME | DATE |
|------|------------|-------|------|--------|----|------|------|------|------|
| 2/28 | Antonia G. | 8:00 | 6:00 | | | 2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE: *[Signature]* DATE: 2.22 CUSTOMER SIGNATURE: *[Signature]* DATE: *[Signature]*

Print Name: *Antonia G.* Print Name: *Henry R. Montalvo*

BILLED TO JOB NUMBER

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INVOICE NUMBER

White Office Copy Yellow Job File Copy

2484

a69664



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2504

Date 02.23.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER <u>Alma</u> | | PHONE | | ADDRESS | |
| ADDRESS <u>30-30 Northern Blvd.</u> | | CITY | | STATE | |
| CITY <u>Long Island City</u> | | STATE <u>NY</u> | | ZIP <u>11101</u> | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ASD <input type="checkbox"/> AMERICAN AUTOWASH <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT TRAKER | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFFA <input type="checkbox"/> INDIAN CONTROLS <input type="checkbox"/> SIRE <input type="checkbox"/> TELETRAC SYSTEMS | | <input type="checkbox"/> TOLIN & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | <input type="checkbox"/> SECURITY FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BLAST <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | |
| INSTRUCTIONS | | SYSTEM FUSE | | MODE & WORK NUMBER | |

ACTION REPORT

CONDITIONS FOUND

Service

SERVICES PERFORMED

- ① check That Hallway unit not working.
- ② Electric problem. Troubleshooting all units.
- ③ Reset Alarm and Test unit working cooling
- ④ Heating not problem.
- ④ cleaning strainers.

RECOMMENDATIONS

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REST HOUR | OT HOUR | WEEKEND | EMERGENCY | PAID | REMARKS |
|-------|------------|------------|----------|-----------|---------|---------|-----------|------|---------|
| 02/23 | Antonio | 2:00 | 5:00 | | | 2 | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE

DATE 02.23

CUSTOMER
SIGNATURE

DATE

Print Name

Antonio G.

Print Name

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

White Office Copy Yellow Job File Copy

WHITESTONE

2324

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-889-8965 • Fax: 347-235-4741

Date: 02.07.22

2439

Contract ☐ Warranty ☐ P&L ☐

| | | | |
|---|--|---|--|
| CUSTOMER: Bare burger | | PHONE: | |
| ADDRESS: 535 La Guardia | | CITY: | |
| STATE: NY | | ZIP CODE: 11362 | |
| REQUESTED BY: | | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AMERICAN AUTOMATICS <input type="checkbox"/> JANDWER <input type="checkbox"/> SHREVEOLMAN <input type="checkbox"/> HEAT TRAC | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PD-SOFTWARE <input type="checkbox"/> PRELIMINAR <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> JETWAYELL <input type="checkbox"/> JANDSON <input type="checkbox"/> LANDIS & STAPPA <input type="checkbox"/> MOTOR CONTROLS <input type="checkbox"/> DERE <input type="checkbox"/> TELETRAC SYSTEMS | | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PLUMB | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB COORDINATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | |
| INSTRUCTIONS: | | MOON & SERIAL NUMBER: | |

ACTION REPORT

CONDITIONS FOUND: Service

SERVICES PERFORMED:

- ① not working Freezer not working.
- ② checks problem loca from have leak
- ③ Fixing leak clean remove service valve and
- ④ install new check any leak no more
- ⑤ Test unit working not problem
- ⑥ Fixing drain pumps 2 stop not working
- ⑦ remove some garbage cleaning Test working
- ⑧ not problem one fixing The drain line.

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|--------------------------------------|------|--------------|------------------|
| 1 | | | Service Valve |
| 1 | | | 3/8 copper pipe. |
| (1) CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAPER | TOLLS |
|------|------------|------------|----------|-----------|----------|------------|----------|-------|-------|
| 2/7 | Antonio G | 2:00 | 9:15 | | | 2 | 1 | 1 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE: [Signature] DATE: 02.02.22 CUSTOMER SIGNATURE: [Signature] DATE: 02.07.22
Print Name: Antonio G Print Name: Victor Hernandez

OFFICE USE ONLY
INVOICE NUMBER: _____
BILLED TO JOB NUMBER: _____

White Office Copy Yellow Job File Copy

WHITESTONE

2452



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 02.02.22

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|---|--|---|--|---|
| CUSTOMER: <u>Burg Burger</u> | | ADDRESS: <u>184 Eighth Ave</u> | | CITY: <u>NY</u> | |
| CONTROL EQUIPMENT | | ELECTRICAL EQUIPMENT | | MECHANICAL EQUIPMENT | |
| <input type="checkbox"/> 480V | <input type="checkbox"/> HONEYWELL | <input type="checkbox"/> THER & HADISON | <input type="checkbox"/> ELECTRICAL EQUIPMENT | <input type="checkbox"/> AIR-CONDITIONER | <input type="checkbox"/> OTHER SERVICES |
| <input type="checkbox"/> AMERICAN AUTOMATION | <input type="checkbox"/> JONASON | <input type="checkbox"/> ELECTRIC-ELECTRONIC | <input type="checkbox"/> ACCESS CONTROL | <input type="checkbox"/> BOILER | <input type="checkbox"/> CALIBRATION |
| <input type="checkbox"/> JACOBI | <input type="checkbox"/> LAMAR & STAFFA | <input type="checkbox"/> PC SOFTWARE | <input type="checkbox"/> SECURITY SYSTEM | <input type="checkbox"/> CHILLER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> MARSHALLS-DWY | <input type="checkbox"/> SOLAR CONTROLS | <input type="checkbox"/> PNEUMATIC | <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> PUMP | <input type="checkbox"/> TRAINING |
| <input type="checkbox"/> HUNT-PAGE | <input type="checkbox"/> BISS | <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | | | <input type="checkbox"/> WATSON |
| ADD DOCUMENTATION REQUIRED | | ELECTRICAL | | WORK & SERIAL NUMBER | |
| <input type="checkbox"/> DRAWINGS | | <input type="checkbox"/> SPECIFICATIONS | | | |
| <input type="checkbox"/> PLANS | | | | | |
| REMARKS: | | | | | |

ACTION REPORT

| |
|--|
| CORRECTIONS FOUND |
| check walking Box |
| SERVICES PERFORMED |
| ① check walking box Frozen Solder Line |
| ② Replaced Thermostats and check Pressure was |
| ③ Set up Thermostat Test unit working not problem |
| ④ check low Refrigerator check install back Door and Test unit working not problem |
| RECOMMENDATIONS |
| |
| |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| | | | |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REPAIRS | OFFICIAL | YOUR JOB | EXPENSES | PAID | TOTAL DUE |
|-------|------------|------------|----------|---------|----------|----------|----------|------|-----------|
| 02-22 | Antonio G. | 2:45 | 5:00 | | 2 | 2 | | | |
| | | | | | | | | | |
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SIGNATURE

DATE 2-22

CUSTOMER SIGNATURE

Print Name

Antonio G.

Print Name

Noria B

DATE

BILLED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

White Office Copy Yellow Job File Only

WHITESTONE149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 12-13-21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|---|--|---|--|
| CUSTOMER: <u>Bareburger</u> | | PHONE: | | MANAGER: | |
| ADDRESS: <u>33-21 31st Avenue</u> | | BUILDING: <u>103</u> | | SUPERVISOR: | |
| CITY: <u>Astoria</u> | | REQUESTED BY: | | MECHANICAL EQUIPMENT | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ADD AMERICAN AUTOMATICS <input type="checkbox"/> ANDERSON <input type="checkbox"/> BARNHARTMAN <input type="checkbox"/> HEAT-TRAC | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> BOILER <input type="checkbox"/> COLLECTOR <input type="checkbox"/> FAN | |
| <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JONSON <input type="checkbox"/> LANDIS & STAFFA <input type="checkbox"/> NOKIA CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |

ACTION REPORT**CONDITIONS FOUND**

check walk in not working

SERVICES PERFORMED

- check walk in box Frezon evaporator coils.
- cleaning check unit. This unit have leak
- low pressure control not working. Selenoid. not working
- Thermostat Service valve leak need replaced.
- all This parts mentioned was replaced.
- charge Freon Test unit is working not problem

RECOMMENDATIONS
☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION
PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|---------------|------------------------------------|
| 1 | | 240 A19ABA-40 | Thermostat |
| 1 | | 010-1402 | Low Pressure Control Service valve |
| 1 | | 310000 | Selenoid with body |
| 1 | | K32-18 | Service valve. |

☐ CONTINUATION ON ADDITIONAL PAGES**LABOR BILLING INFORMATION**

| DATE | TECHNICIAN | START TIME | END TIME | RES HOURS | OT HOURS | TRAVEL TIME | EXPENSE | PAID | TOTAL \$ |
|-------|------------|------------|----------|-----------|----------|-------------|---------|------|----------|
| 12-13 | Antonio G. | 8:00 | 7:15 | | | 2 | | | |

SIGNATURE

Print Name

Antonio G.

DATE 12-13

CUSTOMER

SIGNATURE

Print Name

Rosa Xelhua

DATE

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy

2332

Date 12.10.21

149-44 15th Drive
WHITESTONE

2299



44 15th Drive
Whitestone NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 11.17.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|---|--|---|---|--|
| Customer: Regeneration Pharmacy | | Phone: | | Manager: | |
| Address: 777 Saw Mill river rd. Torrytown | | Building: | | Special Contact: | |
| State: NY Zip: 10591 | | Requested by: | | | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> JSD <input type="checkbox"/> AMERICAN AUTOMATE <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNARD'S EASY <input type="checkbox"/> HEAT TRAC | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & SAKFA <input type="checkbox"/> KOWAR CONTROLS <input type="checkbox"/> SAGE <input type="checkbox"/> TELEPOOL SYSTEMS | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> AC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITYONE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> SOLAR <input type="checkbox"/> CYCLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TROUBLESHOOTING <input type="checkbox"/> VALIDATION |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

| | |
|---|--------------|
| CONDITIONS FOUND | |
| PMS Bldg # 6 | PMS Bldg # 3 |
| SERVICES PERFORMED: | |
| ① Freezer Farm # 32.390 PMS-80 Ress # 44.306 | |
| ② Freezer Farm # 32.390 PMS-80 Ress # 44.307 | |
| ③ Cold Room # 62-181 PMS Ress # 29110 | |
| ④ check Gasket is ok Lights ok Circuits # 2 & 4 ok Amp Pressure | |
| ⑤ Circuits # 1 Low Freon. charge Freon. | |
| ⑥ Two Circuits is now working. | |
| RECOMMENDATIONS: | |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REST HOUR | OFF HOURS | TRAVEL TIME | EXPENSE | TIME | REMARKS |
|-------|------------|------------|----------|-----------|-----------|-------------|---------|------|---------|
| 11/17 | Even | 11:00 | 7:50 | | | | | | |
| 11/17 | Antonio | 11:00 | 7:50 | | | | | | |

SIGNATURE: *[Signature]* DATE: 11-17 CUSTOMER SIGNATURE: *[Signature]* DATE: 11/17/21
Print Name: Antonio G. Print Name: _____

OFFICE USE ONLY
INVOICE NUMBER

NO. 122 TO JAR SERVICE

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 11-18-21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER <u>Regeneration Pharmacy</u> | | PHONE | | MANAGER | |
| ADDRESS <u>777 Saw Mill River rd.</u> | | BUILDING | | SUPER/CONTACT | |
| CITY <u>Tarrytown</u> | | STATE <u>NY</u> ZIP CODE <u>10591</u> | | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ASH <input type="checkbox"/> HONEYWELL AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHOLMSEN <input type="checkbox"/> HEAT-TIMER | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SEBE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOLIN & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

ACTION REPORT

| | |
|---|--|
| CONDITIONS FOUND | |
| <u>Building # 3 PMS Building # 765 southwest.</u> | |
| <u>Building # 6 PMS Cold Room.</u> | |

| | |
|---|--|
| SERVICES PERFORMED | |
| <u>① Freezer Farm # 32.390 PMS - 80 Press # 33.062.</u> <u>② Freezer Farm # 32.390 PMS - 80 Press # 69.378</u> <u>③ Remove condenser Fan unit IDF # 41-128 install new motor</u> <u>Fan Test unit working.</u> <u>④ Cold Room # 61.182 PMS Gaskets is OK.</u> <u>⑤ need change Socket light and bulb</u> <u>⑥ Circuits # 69 Press is OK Amp OK water temperature OK</u> <u>⑦ Circuits # 1 not working properly need to change compressor</u> <u>⑧ PART NO 88900901 Model No HWH010x6C Serie # T09C11064</u> <u>You need change Compressor That noise is steam not</u> <u>working properly</u> | |

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TIME | START TIME | END TIME | NET HOURS | OFFICE | TRAVEL | EXPENSES | PAID | REMARKS |
|----------|------------|------------|----------|-----------|--------|--------|----------|------|---------|
| 11-18-21 | Even | 10:00 | 7:00 | | | | | | ✓ |
| 11-18-21 | Antonia G. | 10:00 | 2:00 | | | | | | ✓ |

SIGNATURE [Signature] DATE 11/18/21 CUSTOMER SIGNATURE [Signature] DATE 11/18/21
 Print Name Antonia G.

OFFICE USE ONLY

INVOICE NUMBER

Group: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2285

Date: 10.18.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|--|--|
| CUSTOMER 30 Trumbull 3030 Northern Blvd Long Island City | | ADDRESS 3030 Northern Blvd Long Island City | | CITY Long Island City | |
| CONTROL EQUIPMENT <input type="checkbox"/> ABC <input type="checkbox"/> AMER. PACIFIC ALTERNATIVES <input type="checkbox"/> ANDERSON <input type="checkbox"/> SANDERCOLEMAN <input type="checkbox"/> VEAT-TIMER | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMOR & STAFFA <input type="checkbox"/> HONEYWELL CONTROLS <input type="checkbox"/> SENE <input type="checkbox"/> TELEPHON SYSTEMS | | STATE NY ZIP CODE 11101 | |
| DO DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | REQUESTED BY YOUR A HENDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> POLYMER THERM <input type="checkbox"/> FUELGAZE <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | | SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES <input type="checkbox"/> CLEANING <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> TROUBLESHOOTING | | SYSTEM PHONE MODEL & SERIAL NUMBER | |

ACTION REPORT

| |
|---|
| CONDITIONS FOUND |
| Service Small units |
| SERVICES PERFORMED: |
| ① check Small unit change Filters and belts |
| ② 4 units done small and 1 big unit 37 floor |
| ③ check 4 Floor not heating to cool check UGV |
| ④ check not water heating check boiler |
| ⑤ Service boiler cleaning Flame sensor and ignition |
| ⑥ check is working good set point Thermostats |
| ⑦ check cleaning strainers |
| RECOMMENDATIONS |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TOTAL HRS | EXPENSE | MARK | ROLL BACK |
|------|------------|------------|----------|-----------|----------|-----------|---------|------|-----------|
| 10.3 | Antonio G | 8:15 | 4:45 | | | 9 | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 10.13 CUSTOMER SIGNATURE _____ DATE _____
Print Name Antonio G Print Name _____

OFFICE USE ONLY
INVOICE NUMBER: _____

BILLED TO JOB NUMBER _____

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WHITESTONE



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 07.27.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|---|--|---|--|
| CUSTOMER <u>Marin Pavic</u> | | PHONE | | MANAGER | |
| ADDRESS <u>3034 33rd Street</u> | | BUILDING | | SUPER/CONTACT | |
| CITY <u>Astoria</u> | | STATE <u>OR</u> ZIP CODE <u>97102</u> | | REQUESTED BY | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TRAK | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LARSEN & STAEFA <input type="checkbox"/> NOKIA CONTROLS <input type="checkbox"/> SASE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY WIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONNECTION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

ACTION REPORT

CONDITIONS FOUND

Get Service That unit not cooling.

SERVICES PERFORMED

① Living room have leak That unit
have bee fixing That leak.
② cleaning system and charge freon
same manufacture 2.9oz.
③ unit is cooling not problem.

RECOMMENDATIONS

if still you have problem you need
to change line set

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL TIME | EXPENSES | PAID | TOTAL DOLLARS |
|-------|------------|------------|----------|-----------|----------|-------------|----------|------|---------------|
| 07.27 | Antonio G. | 4:00 | 9:45 | | | 2 | | | |
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| | | | | | | | | | |

SIGNATURE

DATE 07.27

CUSTOMER SIGNATURE

Marin Pavic

DATE 7/21

Print Name

Antonio G.

Print Name

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy

1999

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6865 • Fax: 347-235-4741

Date 07.19.21Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER <u>The Landing</u> | | ADDRESS <u>31-57-31st Street</u> | | CITY <u>Astoria</u> | |
| STATE <u>NY</u> | | ZIP <u>11706</u> | | REQUESTED BY | |
| <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BAYBROOK/ENH <input type="checkbox"/> HEAT TREAT | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> KODAK CONTROLS <input type="checkbox"/> MESA <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> ECK & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIBER SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> COMPARATOR <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| <input type="checkbox"/> 24H DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | DOORS & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

ACTION REPORT

| |
|--|
| CONDITIONS FOUND |
| <u>Get Service</u> |
| SERVICES PERFORMED |
| <u>① cleaning pump and Filters change each unit</u> <u>② dirty test unit is working 5 units done</u> <u>③ cleaning 7 units more working pump and change</u> <u>filters react Thermostated Test unit is working not</u> <u>problem</u> <u>④ need To do Service 2 Rooms Infant B and Pre</u> <u>School 1B The rest is done</u> |
| RECOMMENDATIONS |

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PARK | TOLLS (Ct) |
|-------|------------|------------|----------|-----------|----------|------------|----------|------|------------|
| 07/18 | Antonio G. | 8:00 | 5:15 | | | 2 | | | |
| 07/20 | Antonio G. | 8:00 | 1:30 | | | 2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE

DATE 07.20

CUSTOMER SIGNATURE

DATE 7/20

Print Name

Print Name

Deborah Dussack

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy



1973

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 05.28.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|---|---|--|--|---------------------------------------|
| CUSTOMER: <u>Bob's Home</u> | | PHONE: | | MANAGER: | |
| ADDRESS: <u>43 deerhurst road.</u> | | BUILDING: | | SUPER/CONTACT: | |
| CITY: <u>Scarsdale</u> | | STATE: <u>NY</u> ZIP CODE: <u>10583</u> | | REQUESTED BY: | |
| CONTROL EQUIPMENT: | <input type="checkbox"/> HONEYWELL | <input type="checkbox"/> TOWN & ANDERSON | SECURITY/FIRE | MECHANICAL EQUIPMENT | OTHER SERVICES |
| <input type="checkbox"/> ASC | <input type="checkbox"/> JOHNSON | <input type="checkbox"/> ELECTRIC-ELECTRONIC | <input type="checkbox"/> ACCESS CONTROL | <input type="checkbox"/> AIR CONDITIONER | <input type="checkbox"/> CALIBRATION |
| <input type="checkbox"/> AMERICAN AUTOMATICS | <input type="checkbox"/> LANDIS & STAFA | <input type="checkbox"/> PC-SOFTWARE | <input type="checkbox"/> SECURITY SYSTEM | <input type="checkbox"/> BOILER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> ANDOVER | <input type="checkbox"/> NOVAT CONTROLS | <input type="checkbox"/> PNEUMATIC | <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> CHILLER | <input type="checkbox"/> INSPECTION |
| <input type="checkbox"/> BARNES-COLEMAN | <input type="checkbox"/> SIEBE | <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | <input type="checkbox"/> PUMP | <input type="checkbox"/> TRAINING |
| <input type="checkbox"/> HEAT-TACON | <input type="checkbox"/> TELETRON SYSTEMS | | | | <input type="checkbox"/> VALIDATION |
| JOB DOCUMENTATION REQUIRED: | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| <input type="checkbox"/> DRAWINGS | | | | | |
| <input type="checkbox"/> FILES | | | | | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

| |
|---|
| CONDITIONS FOUND |
| <u>Service.</u> |
| |
| |
| SERVICES PERFORMED: |
| <u>1 check 5 units</u> |
| <u>2 washing w/ chemical</u> |
| <u>3 Test and check freon 4 units good.</u> |
| <u>4 liquid fixing</u> |
| <u>5 Test unit working no problem</u> |
| <u>6 charging freon 5 lbs</u> |
| |
| |
| RECOMMENDATIONS: |
| |
| |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|---|------|--------------|--------------|
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| | | | |
| | | | |
| <input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL TIME | EXPENSES | PARK | TOLLS (E-Z) |
|-------|------------|------------|----------|-----------|----------|-------------|----------|------|-------------|
| 05/28 | Antonio G. | 2:45 | 6:10 | | | 2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE: [Signature] DATE: 05/21 CUSTOMER SIGNATURE: [Signature] DATE:
Print Name: Antonio G. Print Name: Jose Ramirez

OFFICE USE ONLY
INVOICE NUMBER:

BILLED TO JOB NUMBER:

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1961

Date: 04.22.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | |
|--|---|--|---|---|
| CUSTOMER: <u>CFM Management</u> | | PHONE: | MANAGER: | |
| ADDRESS: <u>58-47 Francis Lewis Blvd</u> | | BUILDING: | SUPER CONTACT: | |
| CITY: <u>Fresh Meadows</u> | | STATE: <u>NY</u> ZIP CODE: <u>11364</u> | REQUESTED BY: | |
| <input type="checkbox"/> CONTROL EQUIPMENT: <input type="checkbox"/> ASCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNERCOLEMAN <input type="checkbox"/> HEAT-TIMER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAHL <input type="checkbox"/> NOVAP CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TUSA & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: |
| INSTRUCTIONS: | | | | |

ACTION REPORT

CONDITIONS FOUND
Full Service 3 Roof top units.

SERVICES PERFORMED
 ① Service 3 Roof top unit York cleaning Evaporator and Condenser Coils Use chemical change Filters change Belts grease bearings check The units
 ② Two units is working not problem heating and Cooling test OK.
 ③ one unit need to replaced inducer motor fan Ignition Flame Sensor
 ④ check The Exos fan need to replaced.
 RECOMMENDATIONS
You need Same parts one unit not heating.

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| | | | |
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LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REST HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PARK | TOLLS (R.D.) |
|-------|------------|------------|----------|------------|----------|------------|----------|------|--------------|
| 04/22 | Antonio G. | 8:00 | 5:30 | | | 2 | | | |
| | | | | | | | | | |
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SIGNATURE: [Signature] DATE: 04.21 CUSTOMER SIGNATURE: _____ DATE: _____
 Print Name: Antonio G. Print Name: _____

OFFICE USE ONLY

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1915

Date: 03.24.21

Contract ☐ Warranty ☐ P & L ☐

| | | | |
|--|--|---|---|
| CUSTOMER: <i>Advanced Medical</i> | | PHONE: | |
| ADDRESS: <i>101-24 Queens Blvd</i> | | BUILDING: | |
| CITY: <i>Forest Hills</i> | | STATE: <i>NY</i> ZIP CODE: <i>11375</i> | |
| REQUESTED BY: | | SUPER/CONTACT: | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> AMOVER <input type="checkbox"/> BANNER/OLEMAN <input type="checkbox"/> HEAT-TRAK <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SIRE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> FOS-DITWASER <input type="checkbox"/> FREMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | SECURITY/FIRE: <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | |
| INSTRUCTIONS: | | MODEL & SERIAL NUMBER: | |

ACTION REPORT

| |
|--|
| CONDITIONS FOUND: |
| <i>check Multi zone units.</i> |
| SERVICES PERFORMED: |
| <i>① Check and get Service Fujitsu units.</i> |
| <i>② cleaning washing filters each unit total 4 units and Condensor use chemical was dirty condensor and evaporator 1st unit is working good problem High Pressure</i> |
| <i>③ Remove flow valve and install new cooling tower.</i> |
| RECOMMENDATIONS: |
| <i>You need install 1 Door Access door 16x16 for Service and get Service frequently</i> |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|---|------|--------------|--------------------|
| | | | <i>Flow Valve.</i> |
| <input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PARK | TOLLS (R-T) |
|--------------|-------------------|--------------|-------------|-----------|----------|------------|----------|------|-------------|
| <i>03/24</i> | <i>Antonio G.</i> | <i>11:30</i> | <i>5:00</i> | | | <i>2.</i> | | | |

SIGNATURE: *[Signature]* DATE: *03/24* CUSTOMER SIGNATURE: *[Signature]*
 Print Name: *Antonio G.* Print Name: _____

OFFICE USE ONLY
INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy

Print Name: _____
 OFFICE USE ONLY
 INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-369-6965 • Fax: 347-235-4741

1680

Date: 03-02-21

Contract ☐ Yearly ☐ P & L ☐

| | | | | | |
|--|--|---|--|---|--|
| ADDRESS 3310 Queens Blvd. 2009 Island City | | CITY NY 11101 | | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> HEATING <input type="checkbox"/> FIRE ALARMS <input type="checkbox"/> SECURITY SYSTEMS <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> VIDEO SURVEILLANCE <input type="checkbox"/> INTERCOM <input type="checkbox"/> PA SYSTEMS <input type="checkbox"/> TELEPHONE SYSTEMS | | <input type="checkbox"/> TOWN & COUNTRY <input type="checkbox"/> ELECTRIC & ELECTRONIC <input type="checkbox"/> VIDEO SOFTWARE <input type="checkbox"/> FIRE ALARMS <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | | <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | | SYSTEM PHONE: _____ | |
| JOB DOCUMENTATION (FOR RECORDS) | | MODEL & SERIAL NUMBER | | | |

ACTION REPORT

CORRECTING ITEMS
check RTU 3 Floor Unit

SERVICES PERFORMED

① check Roof top unit not heating This unit need to replace burner and cover
② Ignition Ignition Board This unit not working need This parts

RECOMMENDATIONS

You need to replace Parts

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG. HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PARA | OT SURCH |
|-------|------------|------------|----------|------------|----------|------------|----------|------|----------|
| 03-02 | Antonio G. | 10:45 | 5:15 | | | | | | |
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| | | | | | | | | | |

SIGNATURE _____

DATE 03-02

CUSTOMER SIGNATURE _____

DATE _____

Print Name _____

Print Name _____

OFFICE USE ONLY

INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1913

Date: 02-22-21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: <u>Sebastian El Grubly-Buckley</u> | | PHONE: <u>858-380-8500</u> | | MANAGER | |
| ADDRESS: <u>21-12 Newtown Ave</u> | | BUILDING | | SUPERVISOR/CONTACT | |
| CITY: <u>Astoria</u> | | STATE: <u>NY</u> ZIP CODE: <u>11102</u> | | REQUESTED BY | |
| CONTROL EQUIPMENT <input type="checkbox"/> A/C <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BATES/COLEMAN <input type="checkbox"/> HEAT-TRACER <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & STAGS <input type="checkbox"/> MCMAN CONTROLS <input type="checkbox"/> NISE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TROUS & ANDERSON <input type="checkbox"/> ELECTRIC ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | SECURITY SYSTEMS <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | | JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | |
| INSTRUCTIONS | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |

ACTION REPORT

| |
|---|
| CONDITIONS FOUND |
| <u>change water pump.</u> |
| SERVICES PERFORMED |
| ① Bedroom condensation pump remove ② install new pump check unit is working no't problem. ③ Livingroom need to replaced pump make noise. |
| RECOMMENDATIONS |
| <u>You need to change Livingroom pump make noise</u> |

☐ COMPLETE
 ☒ UPDATE DRAWINGS
 ☐ UPDATE FILES
 ☐ FOLLOW-UP REQUIRED
 ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|---|------|--------------|--------------------------|
| <u>1</u> | | <u>83939</u> | <u>Pump Condensation</u> |
| <input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOLLS (if any) |
|--------------|------------------|-------------|-------------|-----------|----------|------------|----------|------|----------------|
| <u>02-21</u> | <u>Antonio G</u> | <u>3:00</u> | <u>5:30</u> | | | <u>1</u> | | | |

SIGNATURE: [Signature] DATE: 02-21 CUSTOMER SIGNATURE: [Signature] DATE: 2/22/21
 Print Name: Antonio G Print Name: Sebastian El Grubly-Buckley

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

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FUJITSU

2063

Date 01.27.21

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|---|--|--|--|
| ADDRESS Whitestone Plaza 30-50 Whitestone Expy Flushing | | PHONE | | BUSINESS | |
| CITY/STATE | | ZIP CODE NY 11354 | | REQUESTED BY | |
| CONTROL EQUIPMENT <input type="checkbox"/> ABC <input type="checkbox"/> SECURITY AUTOMATIC <input type="checkbox"/> ALARMER <input type="checkbox"/> SHOCK/COLD DRAIN <input type="checkbox"/> HEAT TRAIL | | MONITORING <input type="checkbox"/> HOMEPIELL <input type="checkbox"/> JAMMER <input type="checkbox"/> LAMPS & STROBE <input type="checkbox"/> NOISE CONTROLS <input type="checkbox"/> RED <input type="checkbox"/> TELECONTROL SYSTEMS | | SECURITY SYSTEMS <input type="checkbox"/> TOWN & AMBUSH <input type="checkbox"/> ELECTRO-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> FIREARMS <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | |
| ADDITIONAL EQUIPMENT REQUIRED <input type="checkbox"/> SPEAKERS <input type="checkbox"/> PA'S | | SYSTEM POWER | | MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> FAN <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | |
| OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CORRECTION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | | MODEL & SERIAL NUMBER | | | |

ACTION REPORT

CONDITIONS FOUND

RTU Service

SERVICES PROVIDED

(1) Service all roof top unit check filters
(2) change filters and belts test is working
not problem.

RECOMMENDATIONS

☐ GENERATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

| PARTS BILLING INFORMATION | | | DESCRIPTION: |
|---------------------------|------|--------------|--------------|
| QTY: | MFG: | PART NUMBER: | |
| | | | Filters |
| | | | belts |
| | | | |
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(1) CONTINUATION ON ADDITIONAL PAGES

| LABOR BILLING INFORMATION | | | | | |
|---------------------------|------|---------|------------|----------|------|
| DATE | TIME | BY HOUR | TRAVEL HRS | EXPENSES | PAID |
| | | | | | |
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[illegible]

DATE 01-21 CUSTOMER SIGNATURE _____ DATE _____
SIGNATURE *Antonio G.* Print Name _____
Print Name _____ OFFICE USE ONLY

OFFICE USE ONLY
INVOICE NUMBER

ATTN: TO JOB NUMBER

WHITE OFFICE COPY Yellow and file copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 12-09-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | |
|--|---|---|--|--|
| CUSTOMER Diamond Property | | PHONE | MANAGER | |
| ADDRESS 444 Saw Miller River | | BUILDING | SUPERVISOR | |
| CITY Elmsford | | STATE NY | ZIP CODE 10523 | REQUESTED BY |
| CONTROL EQUIPMENT | <input type="checkbox"/> HONEYWELL | <input type="checkbox"/> TOUR & ANDERSON | <input type="checkbox"/> SECURITY/RE | MECHANICAL EQUIPMENT |
| <input type="checkbox"/> ABC | <input type="checkbox"/> JONSON | <input type="checkbox"/> ELECTRO-ELECTRONIC | <input type="checkbox"/> ACCESS CONTROL | <input type="checkbox"/> AIR CONDITIONER |
| <input type="checkbox"/> AMERICAN AUTOMATICS | <input type="checkbox"/> LAMORE & STAPPA | <input type="checkbox"/> PC SOFTWARE | <input type="checkbox"/> SECURITY SYSTEM | <input type="checkbox"/> BOILER |
| <input type="checkbox"/> ARDOR | <input type="checkbox"/> KOWIN CONTROLS | <input type="checkbox"/> PREPARED | <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> CHILLER |
| <input type="checkbox"/> BARNHILL EXAM | <input type="checkbox"/> SIRE | <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | <input type="checkbox"/> PUMP |
| <input type="checkbox"/> HEAT FAULT | <input type="checkbox"/> TELETRON SYSTEMS | | | |
| JOB DOCUMENTATION REQUIRED | | SYSTEM PHONE | | MODEL & SERIAL NUMBER |
| <input type="checkbox"/> DRAWINGS | | | | |
| <input type="checkbox"/> FILES | | | | |
| REMARKS | | | | |

ACTION REPORT

CONDITIONS FOUND

Install Economizer.

RECOMMENDATIONS

① Install Two Economizer new carrier unit and Two Thermostat and run Thermostat wires.

② test unit is working no problem.

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY | UNIT | PART NUMBER | DESCRIPTION |
|-----|------|-------------|-------------|
| | | | |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | DESCRIPTION | START TIME | END TIME | EST. HOURS | ACT. HOURS | UNITS | CHARGE | PAID | REMARKS |
|------|-------------|------------|----------|------------|------------|-------|--------|------|---------|
| 12-9 | Economizer | 10:30 | 5:30 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 12-09 CUSTOMER SIGNATURE _____ DATE _____

Print Name Antonio G Print Name _____

RELIED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

White Office Copy Yellow Job File Copy

2040

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-859-6985 • Fax: 347-235-4741

Date: 12-7-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|---|---|--|
| Customer: <u>Advance Medical</u> | | Project: <u>101 24 Queens Blvd</u> | | Address: <u>Forest Hills</u> | |
| Date: <u>12/1/2020</u> | | Requested by: <u>[Signature]</u> | | Super Contract: <u> </u> | |
| <input type="checkbox"/> HVAC <input type="checkbox"/> ELECTRICAL AUTOMATION <input type="checkbox"/> PLUMBING <input type="checkbox"/> SANITARY SYSTEMS <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ROOFING <input type="checkbox"/> LAMINATE & STAIN <input type="checkbox"/> WINDOW CONTROLS <input type="checkbox"/> SILENT <input type="checkbox"/> TELEPHONE SYSTEMS | <input type="checkbox"/> TOWN & ANDERSON <input type="checkbox"/> ELECTRIC ELECTRONIC <input type="checkbox"/> PD-REPAIRING <input type="checkbox"/> PLUMBING <input type="checkbox"/> PROGRAMMING & LOGIC CONTROL | <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> MAINTENANCE |
| Job Description: <u> </u> | | System Name: <u> </u> | | Model & Serial Number: <u> </u> | |

ACTION REPORT

COMMENTS FOUND:

Close Grills.

SERVICES PROVIDED:

1. Install covers Two grills and
drainage tower water the Systems.
Turn off coding switch.

RECOMMENDATIONS:

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REST HOUR | OT HOURS | TRAVEL TIME | EXPENSES | PAID | TOTAL \$ |
|------|------------|------------|----------|-----------|----------|-------------|----------|------|----------|
| 12-7 | Antonio G | 1:30 | 5:00 | | | | | | |
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| | | | | | | | | | |

SIGNATURE _____

DATE 12-7

CUSTOMER
SIGNATURE _____

DATE _____

Print Name _____

Print Name _____

OFFICE USE ONLY

INVOICE NUMBER: _____

BILLED TO JOB NUMBER _____

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1617

Date: 11.24.20

Contract ☐ Warranty ☐ P & L ☐

| | | | | |
|---|---|---|---|---|
| CUSTOMER TINA SEMEL | | PHONE | TELETYPE | |
| ADDRESS 1390 Old Northern Blvd. | | BUILDING | SUPER-CONTACT | |
| CITY ROSELAND | STATE NY | ZIP CODE 11426 | REQUESTED BY | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARRERCOLEMAN <input type="checkbox"/> HEAT-TIMER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMIS & STAFFA <input type="checkbox"/> NOWAR CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TOUR & KENDRICKSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PRELIMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | SECURITY/PROT. <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP |
| OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | | JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | |
| INSTRUCTIONS | | SYSTEM PHONE | | |
| | | MODEL & SERIAL NUMBER | | |

ACTION REPORT

| |
|--|
| CONDITIONS FOUND |
| Remove induction motor |
| |
| SERVICES PERFORMED: |
| ① Remove induction motor and Replace new install new Filters. |
| ② Test unit is working no't problem. |
| |
| RECOMMENDATIONS |
| |
| |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| | | | |
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| | | | |

☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOLLS (HRS) |
|-------|------------|------------|----------|-----------|----------|------------|----------|------|-------------|
| 11/24 | Antonio G. | 4:00 | 5:15 | | 0 | 2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 11/24 CUSTOMER SIGNATURE [Signature] DATE 11/24/20
Print Name Antonio G. Print Name ILDIKO DERI

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-860-6965 • Fax: 347-235-4741

Date: 11-09-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: <u>Vic Kessler Signs</u> | | PHONE: _____ | | MANAGER: _____ | |
| ADDRESS: <u>4002 162nd Street</u> | | BUILDING: _____ | | SUPERVISOR: _____ | |
| CITY: <u>Flushing</u> | | STATE: <u>NY</u> ZIP: <u>11358</u> | | REQUESTED BY: _____ | |
| <input type="checkbox"/> CONTROL EQUIPMENT: <input type="checkbox"/> ACO <input type="checkbox"/> AMERICAN AUTOMATIC <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT TREN | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & STAFFA <input type="checkbox"/> NOVAK CONTROLS <input type="checkbox"/> DESE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRO-ELECTRONICS <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| <input type="checkbox"/> JOE DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: _____ | | MODEL & SERIAL NUMBER: _____ | |
| INSTRUCTIONS: _____ | | | | | |

ACTION REPORT

CONDITIONS FOUND

Two Trane unit check

SERVICES PERFORMED

- ① One Trane unit not heating check the problem was contactor and limit switch
- ② was replaced new contactor and limit switch cleaning
- ③ Ignition and flame sensor
- ④ other unit change filters & working
- ⑤ Test unit is working not problem

RECOMMENDATIONS

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

DESCRIPTION:

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| 1 | | | Contactor |
| 1 | | | Limit Switch |

☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REMARKS | OT HOURS | TOTAL HRS | EXPENSE | PO# | REMARKS |
|----------|------------|------------|----------|---------|----------|-----------|---------|-----|---------|
| 11-09-20 | Antonio G. | 3:15 | 5:00 | | | 1 | | | |

SIGNATURE

DATE 11-20

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

BILLED TO JOB NUMBER

OFFICE USE ONLY
INVOICE NUMBER

White Office Copy Yellow Job File Copy



1629

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 10.30.20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|---|---------|---|--|
| CUSTOMER <u>KA 77 KALTY</u> | | PHONE | | WAGER | |
| ADDRESS <u>20-55 49th street</u> | | BUILDING | | SUPER/CONTACT | |
| CITY <u>ASTORIA</u> | | DATE <u>10/1/05</u> | EP CODE | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JONHON <input type="checkbox"/> LAMPS & STAGE <input type="checkbox"/> MOTOR CONTROLS <input type="checkbox"/> SENSORS/CLAMPS <input type="checkbox"/> THERMISTORS <input type="checkbox"/> TELEPHONE SYSTEMS | | <input type="checkbox"/> TOUR & WIDENSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PD SOFTWARE <input type="checkbox"/> PRELIMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | |
| <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | | <input type="checkbox"/> JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES INSTRUCTIONS | |
| SYSTEM PHONE | | MODEL & SERIAL NUMBER | | | |

ACTION REPORT

CONDITIONS FOUND

Get Service Boiler and A/C.

SERVICES PERFORMED:

1) get Service Two Boiler cleaning and cleaning sensor and test the boiler

2) check zone valve The Second Floor you need to replace the zone valve is close not open not closed and check thermostat. You need to replace this parts

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| | | | |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | HOW MANY | TO HOW | THAT TIME | EXPENSE | FROM | REMARKS |
|-------|------------|------------|----------|----------|--------|-----------|---------|------|---------|
| 10/30 | Antonia G | 12:45 | 5:15 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 10.30 CUSTOMER SIGNATURE [Signature] DATE

Print Name Antonia G. Print Name

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

White Office Copy Yellow Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

2023

Date 10-26-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|---|----------|--|--|
| CUSTOMER <u>Alma office</u> | | PHONE | | BUILDER | |
| ADDRESS <u>31-10 37th Ave</u> | | BUILDING | | OWNER/CONTACT | |
| CITY <u>Long Island City</u> | | STATE | ZIP CODE | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABC <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHART/COLEMAN <input type="checkbox"/> HEAT THERM | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JACOBI <input type="checkbox"/> LANDS & STARR <input type="checkbox"/> KOWIN CONTROLS <input type="checkbox"/> BGE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PRELUMATIC <input type="checkbox"/> PROGRAMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> MAINTENANCE | |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> P&ID | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

20
10



ACTION REPORT

| |
|--|
| CONDITIONS FOUND |
| <u>Roof top unit not heating SE</u> |
| SERVICES PERFORMED |
| <u>1) Check SE unit not heating</u> <u>2) Problem draft induction motor fan</u> <u>3) Ignition</u> <u>4) Limit Switch</u> <u>5) change 2 motor induction fan 2 ignition</u> <u>2 limit Switch all this parts change</u> <u>6) Test unit is working not problem</u> <u>7) check Filter is ok</u> |
| RECOMMENDATIONS |
| <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> UPDATE DRAWINGS <input type="checkbox"/> UPDATE FILES <input type="checkbox"/> FOLLOW-UP REQUIRED <input type="checkbox"/> CONTINUATION |

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | RESTROOM | OFFENSE | TRAVEL HRS | SURCHES | PAID | REMARKS |
|--------------|-------------------|--------------|-------------|----------|---------|------------|---------|------|---------|
| <u>10-26</u> | <u>Antonio G.</u> | <u>12:45</u> | <u>4:45</u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE [Signature] DATE 10-26 CUSTOMER SIGNATURE [Signature] DATE 10/26/20
 Print Name Antonio G. Print Name _____

OFFICE USE ONLY
INVOICE NUMBER: _____

BILLED TO JOB NUMBER _____

White: Office Copy Yellow: Job File Copy

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-669-6965 • Fax: 347-235-4741

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|---|--|--|---|
| Customer: City View Plaza 36-36 33 Street Long Island City | | Phone: 718 771 1106 | Registered By: SECURITY FIRE ACCESS CONTROL SECURITY SYSTEM FIRE SYSTEM | Mechanical Equipment: AIR CONDITIONER BOILER CHILLER PUMP | Other Services: CALIBRATION COMMISSIONING INSPECTION TESTING TRAINING |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVAL/REPLACEMENT <input type="checkbox"/> REPAIR <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> NEW INSTALL | <input type="checkbox"/> HOISTING <input type="checkbox"/> JOURNAL <input type="checkbox"/> LUBRICATION <input type="checkbox"/> PARTS & SUPPLIES <input type="checkbox"/> ELECTRICAL CONTROLS <input type="checkbox"/> TESTING | <input type="checkbox"/> TOWER & ACCESSORY <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | System Name: _____ | Model & Serial Number: _____ | |

ACTION REPORT

CONDENSED POINTS

Remove Pump #2

SERVICES PERFORMED

- 1) Remove The pump Install new pump
- 2) Boiler #2 Install new Boil.
- 3) check Boiler #3 no't working same Stage
- 4) change the flow swicht test unit is working no't problem working 4 Stage

RECOMMENDATIONS

We need check Boiler #2.

☐ COMPLETE
 ☒ UPDATE DRAWINGS
 ☐ UPDATE FILES
 ☐ FOLLOW-UP REQUIRED
 ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| 1 | | | Flow Swicht |
| | | | |
| | | | |
| | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | FAIR | TOTAL |
|-------|------------|------------|----------|-----------|----------|------------|----------|------|-------|
| 07/13 | Even | 2:00 | 5:15 | | | 2 | | | |
| 07/13 | Antonio | 2:00 | 5:15 | | | | | | |

SIGNATURE: [Signature] DATE: 10/23 CUSTOMER SIGNATURE: [Signature] DATE:
 Print Name: Antonio G. Print Name:

OFFICE USE ONLY
INVOICE NUMBER: _____

BILLED TO JOB NUMBER: _____

White: Office Copy Yellow: Job File Copy

2020



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 10.19.20Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|---|--|--|--|
| CUSTOMER <u>City View Plaza</u> | | FLOOR <u>1106</u> | | WORKER | |
| ADDRESS <u>36-38 33 Street</u> | | BUILDING | | SUPERVISOR | |
| CITY <u>Long Island City</u> | | STATE <u>NY</u> | | REQUESTED BY | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> AND <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHARTMAN <input type="checkbox"/> HEAT PUMP | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JONSON <input type="checkbox"/> LARSEN & STARPA <input type="checkbox"/> KOWAN CONTROLS <input type="checkbox"/> NIBBE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> COMMISSIONING <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |
| INSTRUCTIONS | | | | | |

ACTION REPORT

CONDITIONS FOUND

Service Boiler #2

SERVICES PERFORMED:

- ① Remove the burners and replaced for new burners and cleaning.
- ② check leak and fixing the leaking not more test unit is working no't problem.
- 3 Boiler #3 still need to check.

RECOMMENDATIONS

Boiler #3 need to check

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | WEEK HOURS | OT HOURS | TRAVEL TIME | EXPENSES | WAGE | TOTAL DOLLARS |
|-------|------------|------------|----------|------------|----------|-------------|----------|------|---------------|
| 10/19 | Antonio G. | 8:00 | 5:30 | | | 2 | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

SIGNATURE

DATE

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

OFFICE USE ONLY

INVOICE NUMBER:

BILLED TO JOB NUMBER:

(Blue: Office Copy Yellow: Job File Copy)



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-669-6965 • Fax: 347-235-4741

2021

Date: 10.16.20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|--|---|---|---|
| CUSTOMER <i>City View</i> | | PHONE | | MANAGER | |
| ADDRESS <i>36-36 33 Street</i> | | SURNAME | | EQUIPMENT CONTRACT | |
| CITY <i>Long Island City</i> | | STATE <i>NY</i> | ZIP CODE <i>11106</i> | REQUESTED BY | |
| CONTROL EQUIPMENT | <input type="checkbox"/> HOMEWIRE <input type="checkbox"/> JANSSEN <input type="checkbox"/> LANDIS & STAEPF <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SIEMENS <input type="checkbox"/> THERMATEX | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROLLER | <input type="checkbox"/> SECURITY FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | | SYSTEM PHONE | | MODEL & SERIAL NUMBER |
| REMARKS | | | | | |

ACTION REPORT

CONDITIONS FOUND
Service Boilers

SERVICES PERFORMED
 ① Service Boilers checking and Replace
 Boiler #3 change Burners
 ② change ignition and Flame Sensor
 ③ check Gas valve Gas valve need to change
 have leak

RECOMMENDATIONS
 You need change to Gas valve.

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REST HOUR | OFF HOURS | TOTAL HRS | EXPENSES | AMOUNT | TOTAL \$ |
|-------|------------|------------|----------|-----------|-----------|-----------|----------|--------|----------|
| 10.11 | Antonio G. | 8:00 | 5:00 | | | 2 | 1 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SIGNATURE *[Signature]* DATE *10.16* CUSTOMER SIGNATURE *[Signature]* DATE

Print Name *Antonio G.* Print Name *G. P. [Signature]*

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

2019



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 10.15.20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: <u>Whitestone Plaza</u> | | FLOOR: _____ | | MANAGER: _____ | |
| ADDRESS: <u>20-50 Whitestone Expy</u> | | BUILDING: _____ | | SUPER/CONTACT: _____ | |
| CITY: <u>Fushing</u> | | STATE: <u>NY</u> ZIP: <u>11354</u> | | REQUESTED BY: _____ | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ASD <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNES/COLEMAN <input type="checkbox"/> HEAT PUMP | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LAMAR & STAFFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SEBE <input type="checkbox"/> TELEPHOL SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CORRELATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> MAINTENANCE | |
| JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: _____ | | MODEL & SERIAL NUMBER: _____ | |
| INSTRUCTIONS: _____ | | | | | |

ACTION REPORT

CONDITIONS FOUND
check RTU 2 Floor.

SERVICES PERFORMED
 ① check Roof top unit both ~~aligns~~ change
 ② check unit need to replace fan motor
 ③ Remove fan motor and contactor and capacitor
 ④ Install new fan motor contactor and capacitor
 Test unit is working no't problem.
 RECOMMENDATIONS
None

☒ COMPLETE
 ☐ UPDATE DRAWINGS
 ☐ UPDATE FILES
 ☐ FOLLOW-UP REQUIRED
 ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|------|------|--------------|--------------|
| 1 | | FC1156F | Fand Motor |
| 1 | | TRX 375 A2 | contactor |
| 1 | | NON PCB S | capaci for |

☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | FEES/HOURS | DIAGNOSIS | WARRANTY | EXPENSES | PAID | TOTAL \$ |
|------|------------|------------|----------|------------|-----------|----------|----------|------|----------|
| 10.5 | Antonio AG | 8:00 | 5:00 | | | 2 | 1 | | |

SIGNATURE: [Signature] DATE: _____ CUSTOMER SIGNATURE: Faahin Lulala DATE: _____
 Print Name: Antonio AG Print Name: _____

OFFICE USE ONLY

INVOICE NUMBER: _____
 BELIED TO JOB INFORMATION: _____

White: Office Copy Yellow: Job File Copy



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1646

Date 10.07.20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|---|--|---|--|
| CUSTOMER: <u>Play In Playcare Kids LLC</u> | | BUSINESS: <u>NY 11101</u> | | SCHEDULED BY: <u>NY 11101</u> | |
| ADDRESS: <u>36-36 32 Street</u> | | CITY: <u>Long Island City</u> | | STATE: <u>NY</u> | |
| EQUIPMENT: <u>1. AIRC 2. AMERICAN AUTOMATION 3. AMERICAN 4. SUGARCREAM 5. HEAT TREAT</u> | | EQUIPMENT: <u>1. MONITOR 2. JOYSTICK 3. LAUNCH & STAY 4. SCORER CONTROLS 5. VIDEO TELEVIEW SYSTEM</u> | | EQUIPMENT: <u>1. TOWN & ANDERSON 2. ELECTRIC ELECTRONIC 3. PC SOFTWARE 4. PNEUMATIC 5. PROGRAMMABLE LOGIC CONTROL</u> | |
| EQUIPMENT: <u>1. ACCESS CONTROL 2. SECURITY SYSTEM 3. FIRE SYSTEM</u> | | EQUIPMENT: <u>1. MECHANICAL EQUIPMENT 2. AIR CONDITIONER 3. VOLTAGE 4. CHILLER 5. PUMP</u> | | EQUIPMENT: <u>1. OTHER SERVICES 2. CALIBRATION 3. CONSULTATION 4. INSPECTION 5. TRAINING 6. MAINTENANCE</u> | |
| JOB DESCRIPTION: <u>1. SERVICE 2. MAINTENANCE 3. REPAIR</u> | | SYSTEMS: <u>1. 2. 3. 4. 5.</u> | | MODEL & SERIAL NUMBER: <u>1. 2. 3. 4. 5.</u> | |

ACTION REPORT

CONDITION FOUND: Service.

SERVICES PERFORMED:

- ① Get Service change Filters 2 VAF and 3 Air Handle
- ② Cleaning cassette unit 8 whasing Filters Everything is Good.

RECOMMENDATIONS:

Customer need Filter HR 13

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TIME | START TIME | END TIME | WEEK HOURS | OT HOURS | TRUCK AND | EXPENSES | PAID | TOTAL |
|-------|------------|------------|----------|------------|----------|-----------|----------|------|-------|
| 10/07 | Antenao G. | 1:30 | 5:20 | | | 2 | | | |
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SIGNATURE

DATE 10.20

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

Mike Zhang

OFFICE USE ONLY
INVOICE NUMBER

BILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

1775

Date: 09-03-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|--|-----------|---|--|
| CUSTOMER: City View Plaza | | PHONE: | | MANAGER: | |
| ADDRESS: 3636-33 Street | | BUILDING: | | SUPERVISOR CONTACT: | |
| CITY: Long Island City | | STATE: | ZIP CODE: | REQUESTED BY: | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ASCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLEMAN <input type="checkbox"/> HEAT-TIMER | | <input type="checkbox"/> NOHEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SEBE <input type="checkbox"/> TELETRON SYSTEMS | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | |
| <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | | MECHANICAL EQUIPMENT: <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: | |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

CONDITIONS FOUND

RTU SA not working.

SERVICES PERFORMED:

① Roof top Unit SA not working check problem & not have power the fuse burned
 ② change is working ③ The electric problem is fan #2 need to replace and Contactor the unit is work
 Temporal need to pices

RECOMMENDATIONS

You need to replace fan motor and Contactor.

☐ COMPLETE ☒ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PARTS | TOTAL JE-30 |
|-------|------------|------------|----------|-----------|----------|------------|----------|-------|-------------|
| 09-03 | Antonio G | 9:00 | 5:00 | | | | | | |
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SIGNATURE

DATE 09-03

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

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INVOICE NUMBER:

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WHITESTONE

1725

WHITESTONE

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-669-6965 • Fax: 347-235-4741

Date 07-13-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|--|--|--------------------------|---|--|
| CUSTOMER <u>Round Hill Club</u> | | PHONE | | HANDLER | |
| ADDRESS <u>33 Round Hill Club Rd</u> | | FAX | | SUPER CONTACT | |
| CITY <u>Greenwich</u> | | STATE <u>CT</u> | ZIP CODE <u>06831</u> | REQUESTED BY | |
| <input type="checkbox"/> AMCI <input type="checkbox"/> AMERICAN AUTOMATION <input type="checkbox"/> AMCHON <input type="checkbox"/> BAUMER/COLEMAN <input type="checkbox"/> HEAT VISION <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JONASOW <input type="checkbox"/> LAMING & STAFFA <input type="checkbox"/> MOVAR CONTROLS <input type="checkbox"/> SENSE <input type="checkbox"/> TELETRAC SYSTEMS | | <input type="checkbox"/> TOWN & ARBERSON <input type="checkbox"/> ELECTREC-ELECTRONIC <input type="checkbox"/> JO-SORTHAPPE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DESCRIPTION/REMARKS <input type="checkbox"/> REPAIR <input type="checkbox"/> TEST <input type="checkbox"/> NEW EQUIPMENT | | SYSTEM PHONE | | MODEL & SERIAL NUMBER | |

ACTION REPORT

CONDITIONS FOUND

Change unit

SERVICES PERFORMED

① Remove the old unit and recovery forson
② Install new unit and test same leak
is good unit P407C
The unit is working. test good

RECOMMENDATIONS

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | DESCRIPTION | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL TIME | EXPENSES | PAGE | TOTALS (2-3) |
|-------|-------------|------------|----------|-----------|----------|-------------|----------|------|--------------|
| 07/20 | Antenna | 11:00 | 12:00 | 1 | 0 | 2 | | | |
| 07/20 | TOC | 11:40 | 12:00 | 0 | 0 | 2 | | | |

SIGNATURE

Print Name

DATE 07/20

CUSTOMER SIGNATURE

Print Name

DATE 7/2/2020

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BILLED TO JOB NUMBER

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0496

149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 947-235-4741

Date: 04-13-19

Contract ☐ Warranty ☐ P & L ☐

| | | | | |
|---|---|---|---|---|
| CUSTOMER: <u>Kitchen Pizza</u> | | PHONE: | MANAGER: | |
| ADDRESS: <u>2 Kirby Plazma</u> | | BUILDING: | SUPER / CONTACT: | |
| CITY: <u>Mount Kisco</u> | | STATE: <u>NY</u> | ZIP CODE: <u>10549</u> | REQUESTED BY: |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARDENCOLEMAN <input type="checkbox"/> HEAT-TIMER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SIEBE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP |
| <input type="checkbox"/> JOB DOCUMENTATION REQUIRED <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: |
| INSTRUCTIONS: | | | | |

ACTION REPORT

CONDITIONS FOUND:

The unit have leak.

SERVICES PERFORMED:

check the Leaks the problem is close the drain.
use nitrogens flushing is cleaning the unit is work
not present any problem change the pt trap
check the filters is clean

RECOMMENDATIONS:

They need to install a new pan size 5x5 and. They need 8 grills
Supply 14x14

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
|---|------|--------------|--------------------|
| | | | Use Nitrogen. |
| | | | Pur. p.p. copying. |
| | | | P track |
| <input type="checkbox"/> CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAY | TOLLS (E 2) |
|------|-------------------|------------|----------|-----------|----------|------------|----------|-----|-------------|
| 4-13 | Antonio Gutierrez | 4:00 | 6:45 | | | 2 | | | |
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SIGNATURE

DATE 04-13

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

OFFICE USE ONLY

INVOICE NUMBER

BILLED TO JOB NUMBER

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149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date 01-20-20

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|--|--|--|--|---|--|
| CUSTOMER: <u>James Jordan</u> | | BUILDING: _____ | | MANAGER: _____ | |
| ADDRESS: <u>418 Wheeler Ave</u> | | STATE: <u>NY</u> ZIP CODE: <u>10570</u> | | REQUESTED BY: _____ | |
| CITY: <u>Pleasantville</u> | | <input type="checkbox"/> TOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | | MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | |
| CONTROL EQUIPMENT: <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARBERCOLLEMAN <input type="checkbox"/> HEAT-TIMER | | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAERZ <input type="checkbox"/> MOVAR CONTROLS <input type="checkbox"/> SIEMENS <input type="checkbox"/> TELETRON SYSTEMS | | OTHER SERVICES: <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION | |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | SYSTEM PHONE: _____ | | MODEL & SERIAL NUMBER: _____ | |
| INSTRUCTIONS: _____ | | | | | |

ACTION REPORT

CONDITIONS FOUND: Move the Freon lines

SERVICES PERFORMED: Remove Freon Line 3 floor unit and
Remove Thermostat wire all is done
test the unit is working not problem cooling
and heating.

RECOMMENDATIONS: _____

☐ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY: | MFG: | PART NUMBER: | DESCRIPTION: |
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☐ CONTINUATION ON ADDITIONAL PAGES

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | PAID | TOTAL HRS |
|-------|------------|------------|----------|-----------|----------|------------|----------|------|-----------|
| 01/20 | Antonio G | 8:00 | 5:30 | | | 2 | | | |
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SIGNATURE: [Signature] DATE: 01/20 CUSTOMER SIGNATURE: [Signature] DATE: 1/20
 Print Name: Antonio G Print Name: James Jordan

OFFICE USE ONLY

BILLED TO JOB NUMBER: _____ INVOICE NUMBER: _____

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WHITESTONE



149-44 15th Drive
Whitestone, NY 11357
Tel: 718-869-6965 • Fax: 347-235-4741

Date: 22-21-29

Contract ☐ Warranty ☐ P & L ☐

| | | | | | |
|---|---|---|---|---|---|
| CUSTOMER: Beauty bar. | | PHONE: | | MANAGER: | |
| ADDRESS: 2566 Francis Lewis Blvd. | | BUILDING: | | SUPER/CONTACT: | |
| CITY: Flushing. | STATE: NY | ZIP CODE: 11358 | REQUESTED BY: | | |
| <input type="checkbox"/> CONTROL EQUIPMENT <input type="checkbox"/> ABCI <input type="checkbox"/> AMERICAN AUTOMATIX <input type="checkbox"/> ANDOVER <input type="checkbox"/> BARNHARTMAN <input type="checkbox"/> HEAT TOWER | <input type="checkbox"/> HONEYWELL <input type="checkbox"/> JOHNSON <input type="checkbox"/> LANDIS & STAFFA <input type="checkbox"/> NOVAT CONTROLS <input type="checkbox"/> SILE <input type="checkbox"/> TELETRON SYSTEMS | <input type="checkbox"/> FOUR & ANDERSON <input type="checkbox"/> ELECTRIC-ELECTRONIC <input type="checkbox"/> PC-SOFTWARE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> PROGRAMMABLE LOGIC CONTROL | <input type="checkbox"/> SECURITY/FIRE <input type="checkbox"/> ACCESS CONTROL <input type="checkbox"/> SECURITY SYSTEM <input type="checkbox"/> FIRE SYSTEM | <input type="checkbox"/> MECHANICAL EQUIPMENT <input type="checkbox"/> AIR CONDITIONER <input type="checkbox"/> BOILER <input type="checkbox"/> CHILLER <input type="checkbox"/> PUMP | <input type="checkbox"/> OTHER SERVICES <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CONSULTATION <input type="checkbox"/> INSPECTION <input type="checkbox"/> TRAINING <input type="checkbox"/> VALIDATION |
| JOB DOCUMENTATION REQUIRED: <input type="checkbox"/> DRAWINGS <input type="checkbox"/> FILES | | | SYSTEM PHONE: | | MODEL & SERIAL NUMBER: |
| INSTRUCTIONS: | | | | | |

ACTION REPORT

| |
|--|
| CONDITIONS FOUND: |
| leak the units. |
| SERVICES PERFORMED: |
| check the leak 3 units the problem is the drain pipe we replaced 3 line for new Pvc pip. test is ok. and washing Filters. cleaning the units |
| RECOMMENDATIONS: |
| cleaning more frequencie. to dirty the Filters. is close |

☒ COMPLETE ☐ UPDATE DRAWINGS ☐ UPDATE FILES ☐ FOLLOW-UP REQUIRED ☐ CONTINUATION

PARTS BILLING INFORMATION

| QTY. | MFG. | PART NUMBER: | DESCRIPTION: |
|----------------------------------|------|--------------|----------------|
| | | | 7 Pvc Pipe 1/2 |
| | 12 | | 90° 12 |
| | 12 | | 45° 4 |
| CONTINUATION ON ADDITIONAL PAGES | | | |

LABOR BILLING INFORMATION

| DATE | TECHNICIAN | START TIME | END TIME | REG HOURS | OT HOURS | TRAVEL HRS | EXPENSES | MARK | FOLLOW-UP |
|-------|-------------------|------------|----------|-----------|----------|------------|----------|------|-----------|
| 02/21 | Antonio Gutierrez | 10:00 | 5:30 | | | 2 | / | / | |
| | | | | | | | | | |
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SIGNATURE

DATE 02/21

CUSTOMER SIGNATURE

DATE

Print Name

Print Name

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